PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w pplicable fee(s), to: Mail

			<u> </u>		P	O. Box-1450.	-inio 12212 I	1450		/
٠		or <u>Fax</u>			Alexandria, Virginia 22313-1450 (703) 746-4000			- 		
11	STRUCTIONS: This fo	rm should be used for tran	smitting the ISSU				ired). Blocks I	through 5 sh	ould be complet	ted where
in m	NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as noticated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.									
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				No Fe	ote: A certificate of	mailing can on	ly be used for	domestic maili	ngs of the
	7:			pa ha	Note: A certificate of mailing can only be used for do fee(s) Transmittal. This certificate cannot be used for ar papers. Each additional paper, such as an assignment or have its own certificate of mailing or transmission.				ving, mus	
	Joseph M. Noto	IP!	- W		Ce	rtificate of Mail	ling or Transr	níssion		
	NIXON PEABODY LLP		JUL 0 5 2015 EN		1 l St:	I hereby certify that this Fee(s) Transmittal is be States Postal Service with sufficient postage for addressed to the Mail Stop ISSUE FEE addre transmitted to the USPTO (703) 746-4000, on the Patricia Knisley Watricia Wisley July 30			deposited with t	the United
	Clinton Square P.O. Box 31051				ad tra				ss above, or being facsimile e date indicated below.	
	Rochester, NY 146	₹ F			(Depositor's name)					
7/06/	/2005 LWONDIM2 0000	E			(Signatore)					
Fr.	C:1501 1400.00 OP		FIRST NAMED		. [(Date)	
FC	1300 LICATION NO. FILING DATE OF		FIRST NAME		D INVENTO	R	ATTORNEY DOCKET NO. 20959/1651 (P 58770)		CONFIRMATION NO.	
FC	10/045.358 01/14/2002				Moszner					
77	•	DENTAL MATERIALS BAS	BASED ON POLYFUNCTIONAL AMIDES			·				
	TEE OF INVENTION. D	ENTAL MINTERIALS BAS	LD ON TOLITO	CHOULE	111111111111111111111111111111111111111					
				•						
Г	APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBI	ICATION PEE	TOTAL FEE(S) DUE		DATE DU	Е
	nonprovisional NO		\$1400		\$300		\$1700		07/11/200)5
Γ	EXAMINER		ART UNIT		CLAS	SS-SUB CLASS	آ			
_	HAMPTON HIGHT	1711		5:	28-310000	_				
1.	Change of correspondence	ee Address" (37			patent front page, l		Nizon	Doobody, I		
C	FR 1.363). Change of correspond	(1) the names o correspondence or agents OR, al			t up to 3 registered patent attorneys			Peabody I	2باب	
	Change of correspond Address form PTO/SB/I		(2) the na	me of a sin	a single firm (having as a member a 2				-,	
	"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	of a Customer 2 registere listed, no		attorney or agent) and the names of up to d patent attorneys or agents. It no name is name will be printed.						
3.	. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed to recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
	(A) NAME OF ASSIGN	(B	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	Ivoclar Vivadent AG Schaan, Liechtenstein									
	and the second of the second o									
_	clease check the appropriate assignce category or categories (will not be printed on the patent):									
48	a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.									
	Nublication Fee (No s	small entity discount permitte	Payment by credit card. Form PTO-2038 is attached. /or underpmt of							
	Advance Order - # o	Advance Order - # of Copies 10 copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 14-1138 (enclose an extra copy of this form).					
5.	. Change in Entity Status (from status indicated above)									
_	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in									
TI N in	ne Director of the USPTO OTE: The Issue Fee and P terest as shown by the rec	is requested to apply the Issue the Issue of the United States Pate Only ords of the United States Pates	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if a from anyon Office.	ny) or to re- se other than	apply any previous the applicant; a reg	ity paid issue fee	to the applicat or agent; or th	e assignee or oth	ove. er party i
	Authorized Signature	byl h.	ha	Date 6/30/05						
	Typed or printed name _	Joseph M. Not	0			Registration	1 No. 32,	163		
TI	nis collection of information	on is required by 37 CFR 1.3	11. The informatio	n is required	to obtain or	retain a benefit by	the public which	is to file (and	by the USPTO t	o process
an su	application. Confidential	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, st	O. Time will vary	depending u	pon the ind	ividual case. Any c	nunutes to components on the	amount of tin	g gainering, prep ne you require to	ocomplet
th Be	is form and/or suggestion ox 1450, Alexandria, Virg	s for reducing this burden, st jinia 22313-1450. DO NOT	SEND FEES OR C	OMPLETE	mation Offi D FORMS	ro this addres	S. SEND TO: C	ommissioner t	or Patents, P.O.	Box 1450

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.